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CONFIRMATION NO. 5232

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/772,917 | <b>FILING OR 371(c) DATE</b><br>02/05/2004<br><b>RULE</b> | <b>CLASS</b><br>351 | <b>GROUP ART UNIT</b><br>2873 | <b>ATTORNEY DOCKET NO.</b><br>63049.001012 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA

\*\*\*\*\*  
 This application is a CIP of 10/626,973 07/25/2003 PAT 6,918,670 which is a CON of 09/602,013 06/23/2000 PAT 6,619,799  
 which claims benefit of 60/142,053 07/02/1999  
 and claims benefit of 60/143,626 07/14/1999  
 and claims benefit of 60/147,813 08/10/1999  
 and claims benefit of 60/150,545 08/25/1999  
 and claims benefit of 60/150,564 08/25/1999  
 and claims benefit of 60/161,363 10/26/1999  
 This application 10/772,917  
 claims benefit of 60/446,173 02/06/2003

## \*\* FOREIGN APPLICATIONS

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/05/2004

|   |                               |                             |                           |                                |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>VA | <b>SHEETS DRAWING</b><br>10 | <b>TOTAL CLAIMS</b><br>38 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |
| Verified and Acknowledged   | Examiner's Signature          | Initials                    |                           |                                |

## ADDRESS

27682

## TITLE

Method and apparatus for correcting vision using an electro-active phoropter

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1094 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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